

HISTORIC PRESERVATION TAX CREDIT & NEIGHBORHOOD PRESERVATION TAX CREDIT – PRELIMINARY APPROVAL

PLEASE CHECK ONE
NEIGHBORHOOD PRESERVATION ACT
HISTORIC PRESERVATION TAX CREDIT
Вотн
LOG NUMBER (DED INTERNAL USE ONLY)
QUALIFYING/ELIGIBLE

PART 1A.						
REQUESTOR						
	DMATION (DEC	SON O	D ENTITY OLA	IMING THE	TAV CREDIT)	
1. APPLICANT INFO	RIVIATION (PER	SON U	R ENTITY CLA	IMING THE	TAX CREDIT)	
DEVELOPERS-COMP	PLETE THIS SE	CTION		HOMEOWNERS-COMPLETE THIS SECTION		
	Corporation			Property Owner Other		
General		Subchapt				
Limited	Trust		iability Company			
NAME OF AUTHORIZED COMPANY	OFFICIAL	TITLE		MAILING ADDRESS		
BUSINESS ADDRESS				OTOTOMA		
BOSINESS ADDICESS				CITY/TOWN		
CITY/TOWN		STATE	ZIP CODE	STATE		ZIP CODE
TELEPHONE	FAX			TELEPHONE		FAX
TAXPAYER IDENTIFICATION NUMBER	BER (OR SOCIAL SECUR	ITY NUMBER	R)	TAXPAYER IDE	ENTIFICATION NUMBER (OR SO	CIAL SECURITY NUMBER)
E-MAIL ADDRESS				E-MAIL ADDRESS		
2. PROJECT CONTA	СТ					
		her (Cons	sultant, etc.)			
NAME						
ADDRESS						
CITY/TOWN					STATE	ZIP CODE
TELEPHONE			FAX			
3. PROPERTY INFO	RMATION					
NAME OF PROPERTY						
4000500						
ADDRESS						
CITY/TOWN					STATE	ZIP CODE
OIT 1/1 OWN					OTATE	Zii GOBE
COUNTY				CENSUS TRAC	T I	CENSUS BLOCK
PROPERTY (CURRENT)						
Residential Commercial Residential/Commercial						
PROPERTY (AFTER REHABILITATION) Residential Commercial Residential/Commercial						
Residential Commercial Residential/Commercial PROPERTY LEGAL DESCRIPTONS						

REMABILITATION (NPA on HTC) REHABILITATION (NPA on HTC) REPORT OF PROJECT OR ACT NOW ON SITE OF THE STRUCTURE PROJECT OF ACT NOW ON SITE OF THE STRUCTURE PROJECT	4. TYPE OF PROJECT					
YES NO IF YES, HOW LONG? SPRICE TO BE DEACUSIDED? SPRICE TO THE A DESIGNATE DEAC ALL HISTORICAL STRUCTURE? YES NO YES NO YES, HOW COLD IS THIS STRUCTURE? PLEASE PROVIDE PROOF OF AGE! PROOF OF AGE! P	NEW CONSTRUCTION (NPA	A ONLY)	REHABILITATION (NPA and HTC)			
STHERE A STRUCTURE TO BE DELICUSINED? YES			HOW OLD IS THE STRUCTURE? (PLEASE PROVIDE PROC	OF OF AGE) (NPA ONLY)		
YES NO						
YES, HOW OLD IS THIS STRUCTURE? (PLEASE PROVIDE PROOF OF AGE) WHAT IS THE PROPERTY TAX CLASSIFICATION (CONTACT LOCAL ASSESSOR) ### WATER THE PROPERTY TAX CLASSIFICATION (CONTACT LOCAL ASSESSOR) ### WOULD AND THIS PROPERTY HAD THE CURRENT CLASSIFICATION (PROVIDE PROOF OF AGUISTITION COST FOR BURN AND HITC. ### WOULD AND THIS PROPERTY HAD THE CURRENT CLASSIFICATION (PROVIDE PROOF OF AGUISTITION COST OF PROJECT ASSESSOR) ### WOULD AND THIS PROPERTY HAD THE CURRENT CLASSIFICATION (PROVIDE PROOF OF AGUISTITION COST OF PROJECT IN THE HISTORY PRESERVATION LIST OF THE HISTORY PRESERVATION L		D?		ED LOCAL HISTORICAL STRUCTURE?		
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WOULD GEAL SEPECATION; NOT CREDIT APPROVED	. 10, . 10, . 10, . 11, 0 . 11,	52 . 1.001.52 . 1.001. 0. 1.02,				
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NPA New Construction	PROOF OF CLASSIFICATION)		% OF CREDIT APPROVED			
NPA New Construction			NPA Rehabilitation 25	35		
S. PRELIMINARY TAX CREDIT REQUEST Anticipated cost of rehabilitation or construction. YEAR AMOUNT YEAR AMOUNT YEAR AMOUNT ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS) PROJECT START DATE PROJECT START DATE PROJECT START DATE PROJECT START DATE PROJECT COMPLETION DATE SATE THERE OTHER PEDERAL OR STATE OF MISSOURI TAX CREDITS OR GRANT'S BEING APPLIED TOWARD THIS PROJECT? YES NO BETT STATE PROGRAM? MISSOURI HOusing Development Commission State Historic Preservation Tax Credit Program State Historic Preservation Tax Credit Community Development Block Grant Other (please specify) ANTICIPATED NUMBER OF HOUSING UNITS ANTICIPATED NUMBER OF BUSINESSES PRECENT OF HOUSING UNITS OWNER-OCCUPIED WILL THE PROPERTY RECEIVE TAX ABATEMENT? YES NO I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for neighborhood preservation and/or historic preservation. I attest that I am the property's owner and that the information I have provided is, to the best of my knowledge, true and correct. I hereby agree to allow representatives of the Department of Economic Development and/or Missouri Department of Natural Resources, State Historic Preservation Office access to the property as may be necessary and reasonable for the approval of the proposed work.						
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Federal Historic Preservation Tax Credit	Missouri Housing Developm	ent Commission	Enterprise Zone			
Other (please specify) ANTICIPATED NUMBER OF HOUSING UNITS PERCENT OF HOUSING UNITS OWNER-OCCUPIED WILL THE PROPERTY RECEIVE TAX ABATEMENT? YES NO If YES, FOR HOW LONG?		· -	· ·			
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Resources, State Historic Preservation Office access to the property as may be necessary and reasonable for the approval of the proposed work.						
approval of the proposed work.						
SIGNATURE DATE						
SIGNATURE DATE						
SIGNATURE DATE						
	SIGNATURE		DATE			

PART 1B.				
	Includes site work, new construction, alterations, etc	c. Complete blocks below.		
ITEM NUMBER: 1 Describe existing feature and i	its condition:			
Describe work and proposed impact on existing feature.				
PHOTO NUMBER	DRAWING NUMBER. (IF NO PHOTO)	ESTIMATED REHABILITATION COSTS		
ITEM NUMBER: 2				
Describe existing feature and i	its condition:			
Describe work and proposed impact on existing feature.				
TEM NUMBER: 3 Describe existing feature and its condition: Describe work and proposed impact on existing feature.				
PHOTO NUMBER	DRAWING NUMBER. (IF NO PHOTO)	ESTIMATED REHABILITATION COSTS		

ITEM NUMBER: 4 Describe existing feature and its conditio					
Describe work and proposed impact on existing feature.					
PHOTO NUMBER	DRAWING NUMBER (IF NO PHOTO)	ESTIMATED REHABILITATION COSTS			
ITEM NUMBER: 5 Describe existing feature and its conditio	n:				
Describe work and proposed impact on existing feature.					
PHOTO NUMBER ITEM NUMBER: 6	DRAWING NUMBER (IF NO PHOTO)	ESTIMATED REHABILITATION COSTS			
Describe existing feature and its condition: Describe work and proposed impact on existing feature.					
PHOTO NUMBER	DRAWING NUMBER (IF NO PHOTO)	ESTIMATED REHABILITATION COSTS			